| PART | A - Legal Authorisation |
|---------------|---|
| <u>l,</u> | EVELYN REID <full name="" of="" proponent=""></full> |
| as | SECRETARY <position title=""></position> |
| of No | DRSEMAN HISTORICAL MUSEUM ASSOCIATION INC |
| 3(| B BATTERY ROAD (PO BOX 37) |
| \mathcal{N} | ORSEMAN. WA. 6443 < organisation & full address> |
| | m that: |
| 8 | I am a person authorised to make this declaration on behalf of my organisation and al relevant persons have made a full disclosure of information. |
| & | The information provided in this form and all attached documents is complete and correct. understand that giving false or misleading information is a serious offence. |
| ✓ | The Shire of Dundas is authorised to undertake the necessary steps to assess the proposal from my organisation by checking the information provided in this proposal, or by obtaining additional information from: The Shire's databases and records, including information related to my organisation's application for funding; State or Territory agencies; Law enforcement agencies; Credit reference agencies; Any other appropriate organisation or person as reasonably required as part of these checks. |
| & | I agree that the Shire may arrange for an independent viability assessment (IVA) of my project including by an external adviser or consultant to the Shire. |
| \$ | To the best of my knowledge, I have disclosed, at Part B 'Declaration of Conflict of Interest of the proposal form all actual, apparent or potential conflicts of interest that would prevent my organisation from proceeding with the project or any funding agreement my organisation or I may enter into with the Shire of Dundas. |
| Sianeo | i vela pl |

23-05-2022

Date:

PART B - Declaration of Conflict of Interest

Please complete either Item 1 or Item 2 of the Declaration.

Item 1. No Known Conflict

I confirm that at the time of signing, to the best of my knowledge I am unaware of any conflict of interest that would prevent my organisation from proceeding with the project or any funding agreement my organisation or I may enter into with the Shire of Dundas.

I undertake that if at any time I have an actual, apparent or potential conflict of interest, then I will:

- (a) disclose that interest promptly to the Shire of Dundas; and
- (b) take action necessary to avoid the conflict as directed by Shire of Dundas.

| (signature) |
|---|
| EVELYN REID (printed name) |
| ∂3 - O5 ⁻ ∂o∂ |
| A. Paleic (signature of witness) |
| ROZENA PALCIC (printed name of witness) |
| 23.05-2022 (date) |

| Item 2. Disc | losure of Interest | |
|----------------|--------------------------------------|---|
| I disclose the | e following interest: | |
| | | |
| •••••• | | |
| | | |
| | | |
| (a) disclo | ose that interest promptly to the Sh | I, apparent or potential conflict of interest, then I will: ire of Dundas; and lict as directed by the Shire of Dundas. |
| | | (signature) |
| | | (printed name) |
| | | (date) |
| | | (signature of witness) |
| | x 4 | (printed name of witness) |
| | | (date) |

Any information disclosed in this form will only be used by the Shire of Dundas for the purposes of assessing funding proposals under the Community Grant Program and will be maintained in accordance with the *Privacy Act 1988*.

| Part 1 – Applicant Details | | | | |
|---|--|--|--|--|
| | proposing organisation or individual proposition or individual proposition. | | | |
| NORSEMAN | HISTORICAL MUSEUM ASSOCIATION INC | | | |
| | iness or trading name if other than your legal name | | | |
| | · | | | |
| 3. Registered business address | iness address details s or Company's registered business address (not PO Box) | | | |
| Street Address | 33 BATTERY ROAD | | | |
| Suburb/Town/City | NORSEMAN | | | |
| State | WA | | | |
| Postcode | 6443 | | | |
| 4. Postal address | - Only if different from registered business address | | | |
| Street Address | P.O. Box 37 | | | |
| Suburb/Town/City | NORSEMAN | | | |
| State | ωA | | | |
| Postcode | 6443 | | | |
| 5. Organisation co | ontact numbers | | | |
| Telephone Number | 08 90390367 | | | |
| Fax Number | 08 9039 0367 | | | |
| Mobile | 0400201739 (PRESIDENT) NORSEMANHISTORICAL O BIGPOND. COM | | | |
| Email | NORSEMANHISTORICAL O BIGPOHD, COM | | | |
| an Australian Note: if your organise Supplier (copies obta | anisation registered with an Australian Company Number (ACN), Business Number (ABN), Australian Registered Business Number (ARBN), ation does not have an ABN, you will need to complete and provide a Statement by ainable from the ATO website at www.ato.gov.au) with this application. provide details below: | | | |
| CAN | ABN <u>347-321-920-58</u> | | | |
| 7. Organisation's | GST registration | | | |
| | r total amount (\$) requested excluding GST where relevant. e no GST amount added to your total amount requested. | | | |
| 8. Organisation's | Incorporation schools to such evil of seasons yet onlive mo) such at become supported by | | | |
| Yes No □ | elikas tillesseninnen synes en meensen hen i en bloe tides mee'n en at former hillen frank alle en en en en en En stande fillesseninnen synes en meensen hen i en bloe tides mee'n en at former hillen en en en en en en en e | | | |

| authority to answ | for this proposal - Please provide a contact person who is available and has the ver any queries that the Shire of Dundas may have about this proposal. Any ill be sent to the contact listed here. |
|---------------------|--|
| Title | Miss |
| First Name | EVELYN |
| Surname | REID |
| Position | SECRETARY |
| Telephone Number | 08 90 391179 |
| Mobile | .— |
| Fax Number | _ |
| Email | NORSEMANHISTORICAL @ BIGPOND. COM |
| 10. Primary purpose | e/objectives of your organisation (can be attached if relevant) |
| GOVERNMENT | PRESERVATION OF HERITAGE BUILDINGS. UITH OTHER HISTORICAL GROUPS AND LOCAL TO ACHIEVE COMMON GOALS. WITH THE COMMUNITY AND RAISE AWARENESS OF STORY HERITAGE AND THE BENEFITS THE MUSEUM O TOWN. |
| 11. Bank Account D | etails – for direct deposit of successful grant* |
| Account Name | NORSEMAN HISTORICAL MUSEUM ASSOCIATION INC |
| BSB Number | 016719 |
| Account Number | 1084 - 40796 |
| Bank Name | AN2 |
| Bank Branch | KALGOORLIE |
| *Notes: | |
| _ I | f this facility is unavailable please tick the box to receive a cheque. |

12. Insurance details -

As a recipient of project funds your organisation must maintain: Public Liability insurance for not less than \$10 million; Workers' Compensation insurance for the amount required by the relevant State or Territory legislation; Motor Vehicle insurance; Personal Accident insurance; Professional Indemnity insurance (where relevant) for not less than \$2 million. Provide all relevant information relating to these headings in the table below. If insurance is required specifically for a Jobs Fund project, this should be included in the budget costs (leave policy number blank if not obtained to date).

| Amount | Policy Number | Company | Start Date (dd/mm/yyyy) | End Date (dd/mm/yyyy) |
|---------------|-------------------|---------------|----------------------------|------------------------------|
| flo, 000, 000 | 1704640014 BPK | QBE INSURANCE | 30-06-2021 | 30-867072 |
| , | | | | |
| | a) | | | |
| | | | | |
| | | | | |
| | | | | Amount Policy Number Company |

Notes:

- 1. All CGP funding is inclusive of Council fees/charges. Once funded the organising group of an event or project cannot apply for a Sundry Donation for waiver of Council fees for the same event or project.
- 2. GST Status must be noted on the application form in order to evaluate GST relevance
- 3. If you are registered for GST please enter amounts (\$) excluding GST where relevant.
- 4. All CGP funding is dependent on event/project being implemented.
- 5. Committee can fund subject to special conditions.
- 6. All CGP funding requires Council acknowledgement including logo placement on flyers, advertising, media articles, openings/launches and use of Council banners where appropriate.
- 7. All successful applicants are required to provide an Acquittal on the CGP Acquittal form within 30 days of the completion of the funded event or project.

| Part 2 – Grant Request / Ty Note: a separate application is requ (please tick relevant box below) | pe of grant ired for more than one grant request |
|---|---|
| Minor Community Grant | : (up to \$10,000) |
| Minor community grants Categories (more than one be | are available through four designated rounds per financial year. |
| Community Capacity Environmental Initial Emergency Service Community Heritage Civic Recognition and Notes: 1. Applicants and Community | tive Initiative e and/or Conservation Initiative |
| ☐ Community Event Gran | t (up to \$10,000) |
| Category of Event: | |
| ☐ Iconic Event: an event o | vent of local or regional significance that stimulates participation. f state or regional significance that generates tourist activity. ng event that attracts wider community. |
| If you are unsure of the events Financial Assistance Scheme | s stated above please refer to the Shire of Dundas, Community overview. |
| Date of event | / Amount |
| requested: | \$ |
| Total project/event cost: | \$ |
| Notes: 1. Do not comple | ete PART 3 if you have completed this section. |

Part 3 - Proposed Project Details

1. Title of Project

MUSEUM KITCHEN OPERADE

2. Project Description

TO PURCHASE A 2 DOOR CATÉRING REFRIGERATOR AND A FREE STANDING BAS STOVE FOR THE DEN BUILDING AT THE MUSEUM AND INSTALATION OF THE APPLIANCES.

3. Aims or objectives of the Project

TO INCREASE THE CAPACITY FOR STORAGE OF PERISHABLE
FOODS AND FOR HEATING OF FOODS WHEN HOLDING
COMMUNITY EVENTS AND HOSTING TOURIST VISITORS.

4. Location of the Facility, Project or Initiative when Finalised

THE MUSICUM ON BATTERY ROAD.

- 5. Describe how the grant will benefit your organisation and/or the community/target group.
- THE INCREMSED CAPACITY WILL REDUCE THE NEED TO UTILISE OTHER EQUIPMENT FOR COLD STORAGE AND FOR PREPARING & HEATING FOOD AT AN OUTSIDE VENUE & TRANSPORTING IT.

 IT WILL ALLOW OUR GROUP TO PROVIDE CATERING ON A LARGER AND MORE EFFICIENT MANNER WHEN HOLDING COMMUNITY & TOURIST EVENTS.
- · IT WILL BENEFIT OUR VOLUNDERS WHEN USING THE DEN FOR

| 6. Amount of people that will benefit from the project as a whole (if different) |
|--|
| THE WHOLE COMMUNITY |
| 7 Danish Lands at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 7. Describe how the project or facility will be managed for a sustainable future |
| THE MUSEUM VOLUNTEERES WILL MAINTAIN + MANAGE |
| THE EQUIPMENT AND UTLISE THEM TO HOLD MORE |
| EVENTS WHICH WILL SUSTAIN THE MUSEUM OPERATION AND BENEAT THE COMMUNITY. |
| 8. Describe how the project supports at least one of the five criteria outlined on Page 12 |
| THE PROSET RELATES TO: CRITICALIA 3 & CRITICALIA 4 |
| 9. Describe those contributing to the delivery of the project (Include staff, volunteers, partner organisations, etc.) |
| MUSLEUM VOLUNTRERS |
| 10. Describe how the project will be affected if the Council contribution does not meet the requested amount |
| THE PROJECT COULD BE DELAYED VATIL FUNDS BECOME AVAILABLE. |
| |

CRITERIA FOR DEVELOPMENT OF THE SHIRE OF DUNDAS

- 1. Personal Development & Wellbeing: To connect people to services, facilities and experiences that enhances their physical, social and overall health.
- 2. Infrastructure Development: To plan, develop and manage community facilities that meet the social, recreation, education, housing and transport needs of the community.
- 3. Community Participation: To encourage and facilitate community involvement through consultation, improved access and recognition of achievements.
- 4. Place Activation: To create vibrant and meaningful community hubs as places of social interaction, creativity and economic vitality.
- 5. Relationship Building & Connections: To build self-reliant community organisations and develop mutually beneficial partnerships between government, business and residents.

| Part 4 – Proposed Event Details |
|--|
| 1. Name of the event |
| |
| |
| 2. Date/s and timing of the event |
| <u> </u> |
| |
| 3. Location of the event |
| 。 1. 1985年1月11日 1985年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 |
| |
| |
| 4. Overview of the event and relevant component/s |
| |
| |
| |
| 5. How the local and wider community is involved in the event |
| |
| |
| |
| 6. How the event will be promoted and publicised |
| of the event will be promoted and publicised |
| |
| |
| 7. Describe the future plans for sustainability and funding of the event(unless a one-off) |
| 7. Describe the fattare plans for sustainability and funding of the event(unless a one-on) |
| |
| |
| • |
| |
| |
| |

| 8. Describe how this event will contribute to economic development and local tourism within the Shire of Dundas |
|--|
| (e.g. bring visitors to Norseman or Eucla, promote local business, employ local people) |
| (e.g. viii.g veitere te viii.g |
| |
| |
| |
| |
| |
| 9. Describe the effect on the event if the Council contribution does not meet the requested amount |
| |
| |
| · |
| |
| |
| |
| 10. Describe how you intend to recognise the Shire of Dundas |
| 10. Describe now you intend to recognise the office of Buildas |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| Access and Inclusion |
| Depending on what the grant will be used for you will need to ensure that you are aware of the |
| Shire's Disability Access and Inclusion Plan. A copy can be downloaded from the Shire's website |
| or by calling 9039 1205. |
| |
| In regards to your project and/or event, will people with disabilities be able to gain access |
| and/or be involved? |
| |
| Yes / No - Describe |
| If you are providing information will it be available in formats quitable for people with |
| If you are providing information, will it be available in formats suitable for people with disabilities? |
| disabilities? |
| Yes / No - Describe |
| If your project includes community consultation, will people with disabilities be able to |
| |
| narticinate? |
| participate? |

5. Provide a detailed budget breakdown for the project

Where appropriate, indicate which items will be funded by the Shire of Dundas. If you are registered for GST please enter figures excluding GST. Include all income and expenditure, including details of volunteer hours.

| Budget Item | Actual Cost (\$) GST (exc) | Budget Item | Actual Cost (\$)GST (exc) |
|---|-------------------------------|---|---------------------------------|
| EXPENDITURE | | INCOME | - 2° |
| Professional Fees, inc. staff (specify) | | Cash | |
| | - | Organisation's contribution | |
| | | Donations | |
| | | Other grants | |
| Marketing & Promotion (specify) | | Sponsorship | |
| | | In Kind | |
| Administration Costs (Please specify) | | Volunteer Hour Value | |
| | | Other | ., |
| Material and Equipment (specify) | | Shire of Dundas Grant | 14860.00 |
| 2 DOOR CATERING PRIDGE | #3700.00 | (specify how grant is to be used, eg advertising etc) | |
| GAS STOVE | \$ 660,00 | | |
| Venue Hire | | TO PURCHASE THE ITEMS. | |
| Travel, transport, vehicle costs | | Course Gealings of | |
| Insurance | | COULTR TRANSPORT & | >'' |
| Catering | | CONTROL COSIS. | |
| Other (please specify) | | _ | |
| GAS STOVE CONNECTION | \$ 500.00 | | |
| Total Expenditure | 4860.00 | Total Income # | 4860.00 |

Notes:

- 1. At least one written quotation is required for all items to be purchased greater than \$500 in value.
- 2. Please calculate the value of volunteer hours at \$25/hour/volunteer.
- 3. You can attach a different format for the budget from the above if more practical.
- 4. If you are registered for GST please enter all (\$) amounts excluding GST.

| | ts to secure funding through oth partment of Sport & Recreation, F | | he priva | te sector, etc. |
|------------------------------|---|-------------|----------------|------------------|
| NIL | | | | HETCH FOR GELLEN |
| 3. If yes, provide a list ir | the table below | | | |
| Funding Agency | Amount | | Approved (circ | |
| | | Yes | No | Pending |
| | | Yes | No | Pending |
| | | Yes | No | Pending |
| | | Yes | No | Pending |
| 1. Describe any funding | received from received the Shire | of Dundas i | n the pas | st five years |
| Year | Purpose | | i di digu. | Amount |
| NIL | | | | |
| | | , | | |
| | | | | |

Part 6 - Declaration by Applicant

I, the undersigned, certify that I have authority on behalf of the organisation, group or club to submit this application and that the information contained herein or in the attachments is, to the best of my knowledge, true and correct.

Name: EVEMN RED

Organisation: NORSEMAN HISTORICAL MUSEUM ASSOCIATION TNC

Position: SECRETARY

Signature: Vels III

Date: 23 1 05 1 2022

Additional Information

The following information is to be submitted if available. If you are unable to submit this information please supply a written reason for this inability to submit.

- Copy of insurance certificates
- Copy of Constitution
- Copy of Incorporation Certificate
- Most recent Profit & Loss Statement and Balance Sheet
- Supporting documentation (minutes) to confirm committee agreement of project/event

Additional information that may be beneficial:

- Written confirmation of other funding sources
- Letters of Support from relevant agencies

Notes:

1. Keep a copy of this application and all associated documentation for your records.

| Part 7 - Checklist | |
|--|---------------|
| Completed Part A – Legal Authorisation | |
| Completed Part B – Declaration of Conflict of Interest | |
| Completed Part 1 – Applicant Details | V |
| Part 1, Q7 – Completed and attached a Statement by Supplier – if not registered for an ABN | - |
| Part 1, Q8 – Completed and attached a Statement by Supplier – if not GST registered | |
| Completed Part 2 – Grant Request | |
| Completed Part 3 – Proposed Project Details | |
| Completed Part 4 – Proposed Event Details | - |
| Completed Part 5 – Access & Inclusion | - |
| Completed Part,6 – Finance and Project Budget | \mathcal{L} |
| Completed Part $	au^{ u}_{-}$ Declaration by Applicant | |
| Attachments (See Page 16) | \checkmark |
| | st. |

Further Information

For further information or advice please contact the Shire of Dundas on 9039 1205 or e-mail shire@dundas.wa.gov.au

Completed hard copies of the application can be sent to-:

Chief Executive Officer Shire of Dundas PO Box 163 NORSEMAN WA 6443